

216014416
90597

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 81	Agency Case No. B6-030349	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 04/11/2016		TIME OF ACCIDENT 0053	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0054	04/11/2016	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. K st/11th-12th		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	233.00		X		11th st	
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
F	VEHICLE NO. 1					
1	DRIVER LICENSE NO.	B66117010		STATE (Of License)	VA	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N	DRIVER	Kyle D Benoit		PHONE	LOCAL NO.	
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	10/30/1989	
G	OWNER	Kvle D Benoit		PHONE	LOCAL NO.	
3	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. lb502708	
H	LICENSE PLATE PA NO.	XBU8639		YEAR (Plate Expires)	2015	STATE (Of Plate) VA
V1/O	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
4	2001	Ford	Mustang	2 door Sedan	yellow	<input checked="" type="radio"/> TOALED \$
V2/O	VEHICLE ID NO. (VIN)	1FAFP40451F262648		INSURANCE COMPANY		
I	TOWED TO	101 Charleston		TOWED BY	Capital Towing	
1	VEHICLE NO. 2					
1	DRIVER LICENSE NO.			STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
V1/P	DRIVER			PHONE	LOCAL NO.	
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		
J	OWNER			PHONE	LOCAL NO.	
01	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.	
V1/Q	LICENSE PLATE NO.			YEAR (Plate Expires)		STATE (Of Plate)
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
K	VEHICLE ID NO. (VIN)			INSURANCE COMPANY		
01	TOWED TO			TOWED BY	POLICY NO.	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
VEH. #	NAME	ADDRESS			Seat Position	Eject
1	Kyle D Benoit	4009 F st, Lincoln, NE 68510		10/30/1989	01	1
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		
	10/30/1989	BryanLGH Medical Center West (Lincoln General)		Lincoln Fire & Rescue		
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		
VEH. #	NAME	ADDRESS				
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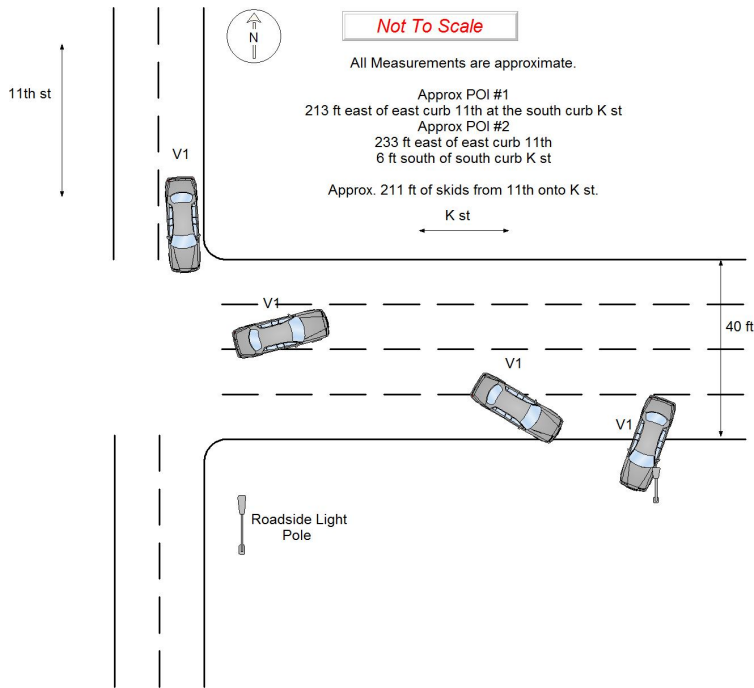
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-030349



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Witness #1 said he observed vehicle #1 turn from southbound 11th onto eastbound K st at a high rate of speed. Witness #1 said vehicle #1 was fishtailing and swerving during and after the turn and appeared to lose control and leave the roadway to the right and collide with a light pole on the south side of K st. Driver #1 showed several signs of being intoxicated and said he didn't remember the accident. Driver #1 was transported to the hospital by LFR for treatment for minor head pain. Blood draw was conducted on driver #1 and results are pending.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE																																																																																																																																																									
	Light pole damaged	Lincoln Electric System	1040 O st, Lincoln, NE 68501	402-475-4211	\$ 1000																																																																																																																																																									
WITNESSES	NAME	ADDRESS	PHONE																																																																																																																																																											
	Christopher M Mills	1234 S 20th #2, Lincoln, NE 68502	402-450-5992																																																																																																																																																											
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